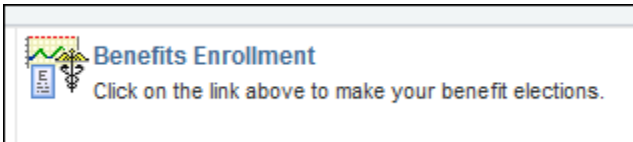


**IT'S YOUR CHOICE OPEN ENROLLMENT PERIOD:
OCTOBER 2 – OCTOBER 27, 2017. ALL ELECTIONS MADE DURING
THIS PERIOD ARE EFFECTIVE JANUARY 1, 2018.**

This guide will show you how to make your 2018 benefit elections through STAR eBenefits. If you have questions, please contact your agency payroll and benefits office.

ENROLLING IN BENEFITS

- Go to the STAR self-service landing page: <https://ess.wi.gov>
- Click on the **Benefits Enrollment** link in the Wisconsin Benefits section of the page.



- This will bring you to the Enrollment Landing Page. Review the material on this page and click on the **Select** button to start the enrollment process.

Open Benefit Events				
Event Description	Event Date	Event Status	Job Title	
Open Enrollment	01/01/2018	Open	ADMIN MANAGER	Select

- You will see the Open Enrollment Summary Page. **Only benefit plans that have an enrollment will be listed on this page.** If you are currently enrolled in any of the plans, your current benefit election as of 1-1-18 will also display.

Health	
Current:	Dean w/Dental:Family
New:	Dean w/Dental:Family

UPDATING/SELECTING A PLAN

- To enroll in a benefit plan, click **Edit** next to the plan you want to update for 2018.
- On the health insurance page, you can turn on a filter to reduce the number of plans that appear on the page. Click the radio button next to the types of plans you would like to see and click **Apply Filter**.

Overview of all Plans

To reduce the number of plans displayed on the page, use the filter below.

Filter Options By

Dental Coverage

☐ Show all plans

☒ Show plans with dental only

☐ Show plans without dental only

High Deductible Health Plan

☐ Show all plans

☐ Show HDHP plans only

☒ Show non-HDHP plans only

Apply Filter

- Enrollment options for that plan will display. To select a plan, click on the **radio button** next to the plan name. If you want to Waive coverage, scroll to the bottom of the page and click the radio button next to the Waive option.

Quartz-UW Health w/ Dental		
Coverage Level	Your Costs	Tax Class
Employee Only	\$44.00	Before-Tax
Family	\$109.50	Before-Tax

ADDING DEPENDENTS

When you make a benefit election, you do not pick the coverage level (ex. single, family...). The system will determine the correct coverage level when/if you enroll dependents in the plan.

- Once you make your plan selection, scroll down to the bottom of the page to add your dependents.

- Click on **Add/Review Dependents**

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Katie T Cruze	Spouse
<input checked="" type="checkbox"/>	Suri T Cruze	Child
<input checked="" type="checkbox"/>	Thomas J Cruze Jr.	Child
<input checked="" type="checkbox"/>	Boat T Cruze	Child
<input checked="" type="checkbox"/>	Ivan Cruze	Child

Add/Review Dependents

- On the next screen, click on **Add a dependent or beneficiary**

Add a dependent or beneficiary

[Return to Event Selection](#)

- Enter the following information for each dependent:

- First Name
- Last Name
- Name Prefix/Suffix (if applicable)
- Date of Birth
- Gender
- Social Security Number
- Relationship to Employee
- Marital Status
- Marital Status as of date (if single, do not need to enter a date)
- You do not have to complete any other information unless one of your dependents is disabled.

STAR eBenefits Open Enrollment Quick Start Guide



Personal Information

*First Name
 Middle Name
 *Last Name
 Name Prefix
 Name Suffix
 Date of Birth
 *Gender
 Social Security Number
 *Relationship to Employee

Status Information

*Marital Status As of

12. If the dependent's address and phone are the same as the employee's, click on the applicable checkbox. If different, enter the address and/or phone number.

Address and Telephone

☒ Same Address as Employee

Country
 Address

 City

☐ Same Phone as Employee

Phone

13. Scroll down and click **Save** to add the dependent and click **OK**.
14. Review the information on the new dependent and repeat process if you have additional dependents to add.
15. Once all dependents are entered, click **Return to Event Selection**.

Add/Review Dependent/Beneficiary

Thomas Cruze

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent and Beneficiary Information				
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date
Katie Cruze	Spouse	09/03/1971	Married	03/27/2000
Suri Cruze	Child	11/28/2000	Single	
Thomas Cruze Jr.	Child	10/29/2002	Single	
Boat Cruze	Child	10/15/2004	Single	
Ivan Cruze	Child	08/05/2015	Single	
Lucille Cruze	Child	03/24/2016	Single	

16. Once you have made your selection on the page, scroll to the bottom of the page and check the enroll box next to the dependents you want to enroll and click **Update** and **Continue**. If you do not want to save your changes, click **Discard Changes**.

Dependent Beneficiary

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Katie T Cruze	Spouse
<input checked="" type="checkbox"/>	Suri T Cruze	Child
<input checked="" type="checkbox"/>	Thomas J Cruze Jr.	Child
<input checked="" type="checkbox"/>	Boat T Cruze	Child
<input checked="" type="checkbox"/>	Ivan Cruze	Child
<input checked="" type="checkbox"/>	Lucille Cruze	Child

REMINDER – if you enroll in family health insurance, you are required to cover all eligible family members. For the dental and vision plans, there is no requirement to cover all family members if you elect family coverage.

17. When you click **Update** and **Continue**, you will be brought to a page that confirms your election. Review this information for accuracy and click **Update Elections**. This will save your elections.

Health

Thomas Cruze

IMPORTANT: Your enrollment will not be complete until you click **SUBMIT** and your choices are electronically sent to the Benefits Department. Please contact your Agency Payroll and Benefit Specialist with any questions.

Your Choice

You have chosen Quartz-UW Health w/ Dental with Family coverage.

Your Estimated Per-Pay-Period Cost

Your Cost	\$109.50
-----------	----------

Your Covered Dependents

Dependent Information	
Name	Relationship
Katie T Cruze	Spouse
Suri T Cruze	Child
Thomas J Cruze Jr.	Child
Boat T Cruze	Child
Ivan Cruze	Child
Lucille Cruze	Child

Notes

Once submitted, this choice will take effect on 01/01/2018. Deductions for this choice will start with the pay period beginning 12/10/2017.

Select the **Update Elections** button to store your choices.
 Select the **Discard Changes** button to go back and change your choices.

18. You will be brought back to the **Enrollment Summary Page**.
You will see your election next to "New".

Health	
Current:	Dean w/Dental:Family
New:	Quartz-UW Health w/ Dental:Family

SUBMITTING ELECTIONS

19. Continue making your benefit elections by clicking **Edit** next to the plan and enter your election.
20. Once you have made all your elections, scroll to the bottom of the **Enrollment Summary** page and click **Save** and **Continue** to begin the submission process.

Election Summary			
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	141.09	141.09	0.00
Your Costs	141.09	141.09	0.00

These costs do not include certain choices that are based on variable earnings.

You must re-enroll in the Healthcare FSA, Dependent Care FSA, Healthcare Savings Account (HSA), Parking ERA and Transit ERA plans every year.

[Save and Continue](#)

21. If you enrolled in health insurance, you will be required to indicate if you have Other Health Insurance or Medicare. If you answer "Yes", complete the requested information about the plan if available. You may also enter your clinic or primary care physician on this page but it is not required. If you click on Lookup Provider ID, you can also find the National Provider ID for your clinic or doctor.

Coordination of Benefits - Employee	
Other Health Insurance	<input type="text" value="No"/>
Medicare	<input type="text" value="No"/>
Physician Details National Provider ID <input type="text"/> Lookup Provider ID <input type="text"/> Clinic Name <input type="text"/> Physician First Name <input type="text" value="HENRY"/> Physician Last Name <input type="text" value="HYDE"/>	
Save and Continue	

22. Click **Save and Continue**.
23. Once you save your elections, you are taken to the **Submit Benefits Choices Page**. You **MUST** click the **Submit** button on this page to submit your final elections.

Submit Benefit Choices

Thomas Cruze

You have almost completed your enrollment. If you have no further changes, select the **Submit** button at the bottom of this page to finalize your benefit choices.

You must click the **Submit** button below to finalize and submit your benefit elections.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Once you submit your elections, you are able to log back in to eBenefits to make changes to your elections through October 27, 2017. All elections submitted by October 27, 2017 at 11:59pm are considered your final open enrollment elections.

Once your enrollment is processed, you will have limited opportunities to make any benefit changes until the next Open Enrollment period or if you have a qualifying life event.

Authorize Elections

By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

By Clicking SUBMIT you agree to the following and have read the terms and conditions relevant to application for benefits through the Department of Employee Trust Funds: To the best of my knowledge, all statements and answers in this application are complete and true. I understand that if I provide false or fraudulent information, misrepresentation or fail to provide complete or timely information on this application, I may face action, including, but not limited to, loss of coverage, employment action, and/or criminal charges/sanctions under Wis. Stat. § 943.395.

[Submit](#) [Cancel](#)

Select the **Submit** button to send your final choices to the Benefits Department.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

24. After you click **Submit**, you will be taken to the **Submit Confirmation Page**. This confirms that your elections have been submitted.

Submit Confirmation

Thomas Cruze

Your benefit choices have been successfully submitted to the Benefits Department.

The evening you submit your election, you will receive an email at your business email address to let you know that you have a Confirmation Statement available to review.

Your Confirmation Statement will be available in the Wisconsin Benefits section of the [STAR self-service landing page](#).

To return to the Benefits Enrollment page, use the OK button.

[OK](#)

REVIEWING YOUR BENEFIT CONFIRMATION STATEMENT

- Overnight, your benefit elections will be finalized. You can confirm your elections by reviewing your benefits confirmation statement the day after you submit your elections.
- Go to the STAR self-service landing page: <https://ess.wi.gov>.
- Click on the **My Benefit Documents** link in the Wisconsin Benefits section of the page.

My Benefit Documents Review my benefit confirmation statements and other benefits related documents.

- Click on the icon to the right of the Confirmation Statement.

Benefits File

Empl ID [REDACTED]

Document Type	Number of Documents
<input type="checkbox"/> Confirmation Statements	1
<input type="checkbox"/> Applications	0
<input type="checkbox"/> Supporting Documents	0

- Then click on icon to view documents.

Benefits File

Empl ID [REDACTED]

Confirmation Statements	Business Unit	Attached File	Status
<input type="checkbox"/> 01/01/2018	50500	100006782_confirmation_statement.pdf	Available

- Your confirmation statement will show ALL your benefits as of January 1, 2018. It will confirm your Open Enrollment elections and show any ongoing benefits.

CONFIRMATION OF 2018 ELECTIONS - Open Enrollment

Employee ID: [REDACTED] Statement Date: 9/25/2017
Department ID: [REDACTED] Effective Date: 01/01/2018
SHEBOYGAN, WI 53083 Event Class: OE

This notice is confirmation of the changes you made during the open enrollment period, as well as ongoing benefit elections. Please review this Benefit Confirmation carefully. It is your responsibility to report any errors to your benefits office by Friday, October 27, 2017. If all information is accurate, no action is required. Coverage listed below is effective January 1, 2018.

YOUR BENEFIT ELECTIONS AS OF JANUARY 1, 2018

	Benefit Plan	Coverage/Annual Election	Pay Period Pre-Tax Deduction	Pay Period After-Tax Deduction
Health	Dean w/Dental	Employee Only		\$168.14
State Group Life	Life - Basic+Suppl (2x salary)			\$7.86
State Group Life Additional	Life - 1 Additional Unit			\$5.90
State Group Life Spouse & Dep	Life - 1 Unit Spouse & Dep	1 Unit		\$1.25
ICI Standard	ICI Basic Coverage 1	75% of Salary		\$42.40
ICI Supplemental	ICI Supplemental 1	75% of Salary		\$45.00
Anthem DentalBlue	Anthem Preferred PPO	Employee Only		\$9.58
Dental Wisconsin	Dental Wisconsin Select Plan	Employee Only		\$10.52
EPIC Benefits+	EPIC Benefits+ with Vision	Employee Only		\$12.51
Opt Out Stipend	Waive		\$0.00	
Total Deductions Per Pay Period			\$0.00	\$303.16

- You will receive a confirmation statement each time you submit your Open Enrollment elections (if you submit your elections more than once during Open Enrollment). The most recent confirmation statement will be on top of the page.

APPLYING FOR THE HEALTH INSURANCE OPT-OUT STIPEND

- You will need to Waive your health insurance first by scrolling to the bottom of the health elections and selecting **Waive**.
- Click on **Update and Continue**.
- Click on **Update Elections**.
- Scroll to the bottom of the allowed changes and click **Edit** to the right of the **Opt Out Stipend**.
- You will need to answer the Opt Out Stipend Validation questions to confirm your eligibility. Once you have answered the questions, click on either **Agree**.

Benefits Certificate

Opt Out Stipend Validation

Answer the questions below to confirm your eligibility for the Health Insurance Opt-Out Stipend for 2018. Prior to enrolling in the Opt-Out-Stipend, you must waive your health insurance in STAR.

Will you be covered by State Group Health Insurance in 2018 either as an employee, spouse or child?

Answer

☐ No

☐ Yes

Have you waived your health insurance in STAR for 2018?

Answer

☐ Yes

☐ No

In 2015, if you were a state employee, were you covered by State Group Health Insurance?

Selection

☐ No

☐ Yes

☐ Not employee in 2015

I agree that I am eligible for the opt-out stipend and have waived my health insurance for 2018.

- You will then have to select the radio button next to **Health Opt Out Stipend** to enroll. Click on **Update and Continue**.
- Continue making your benefit elections by clicking **Edit** next to the plan and enter your election.
- Once you have made all your elections, scroll to the bottom of the **Enrollment Summary** page and click **Save** and **Continue** to begin the submission process.
- To complete the submission process please refer to steps 23 & 24.